



# OFFICE OF EMERGENCY MEDICAL SERVICES

## DEPARTMENT OF PUBLIC HEALTH

### COMMONWEALTH OF MASSACHUSETTS

## Notice

### Table of Approved Devices

July 12, 2013

#### **ADVISORY: TABLE OF APPROVED DEVICES-updated 7/12/13**

The following devices and categories of devices have been reviewed by OEMS. Advisories are on the OEMS web page regarding usage and restrictions, if any. As with any device operated under the license of the ambulance service, the ambulance service must ensure that the specific device is FDA approved and that their EMTs are properly trained, refreshed in their training, and have demonstrated competency under the direction of their affiliate hospital medical director, as per the manufacturer's recommendations and usage, prior to allowing such device on the ambulance. **This list will be updated as new devices are approved by the Department.**

DEVICE	DESCRIPTION	APPROVAL DATE	RESTRICTIONS
Battery operated compression device	Battery operated CPR machine	January 1, 2010	
Wound suction	device creates a gentle negative pressure to drain away exudates	January 1, 2010	
BiPAP	BiPAP (Bilevel Positive Airway Pressure) provides two levels of pressure: Inspiratory Positive Airway Pressure (IPAP) and a lower Expiratory Positive Airway Pressure (EPAP) for easier exhalation	January 1, 2010	
CPAP	CPAP (continuous positive airway pressure), a type of noninvasive ventilation, that delivers accurate and constant pressure	January 1, 2010	



# OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

COMMONWEALTH OF MASSACHUSETTS

DEVICE	DESCRIPTION	APPROVAL DATE	RESTRICTIONS
Autopulse™ or equivalent	Battery powered mechanical chest compression device	September 12, 2008	
King LT or equivalent	Supraglottic device used as an alternative to tracheal intubation or mask ventilation	May 2008	May be used with approval of Affiliate Hospital Medical Director
Bougie	Rigid ETT plastic coated introducer placed blindly into the trachea to introduce the ETT over it	2005	May be used with approval of Affiliate Hospital Medical Director
Optical Laryngoscope or equivalent	Anatomically shaped laryngoscope with two separate channels: The optical channel: contains a high definition optical system. The guiding channel: holds the endotracheal tube (ETT) and guides it through the vocal cords	February 11, 2008	
CPR Vest	Pneumatically powered mechanical chest compression system using air tanks		
GlideScope ® or equivalent	Laryngoscope which uses optics to visualize a patient's airway.	November 21, 2007	
Hemostatic Dressings	Hemostatic Dressings Only (not powders)	November 21, 2007	See Department Advisory Dated November 21, 2007 addressing EMS role
ADD-Vantage® System	Diltiazem HCl	July 17, 2007	See the Bureau of Quality Assurance and Control letter dated July 17, 2007 addressing EMS role



# OFFICE OF EMERGENCY MEDICAL SERVICES

DEPARTMENT OF PUBLIC HEALTH

COMMONWEALTH OF MASSACHUSETTS

DEVICE	DESCRIPTION	APPROVAL DATE	RESTRICTIONS
Impedance Threshold Device	Adjunct device, which attaches to the BVM, and increases blood flow to the heart and brain during CPR	September 6, 2006	
CO Co-Oximeter	Carbon Monoxide Detection unit	September 6, 2006	
IV Power Injector	IV Bolus of Medications	September 6, 2006	
Ventricular Assist Device (VAD); (LVAD), (RVAD)	All	February 10, 2005	See Department Advisory dated December 15, 2011 addressing EMS transport
Peripherally Inserted Central Catheter (PICC) Lines	All	October 10, 2003	See Department Advisory dated October 10, 2003 addressing EMS role
Intraosseous (IO) Infusion Devices	Please note that any FDA approved IO device may be used as long as it is powered by hand (e.g. Jamshidi needle), drill (e.g. EZIO), or spring (e.g. BIG); but NOT if powered by a gas-driven or explosive cartridge. Standard IO is placement is in the proximal or distal tibia; if clinically necessary, Paramedics may place the IO in any site for which the device is approved, but only if they have been trained to do so and approved to do so by their Affiliate Hospital Medical Director.	October 10, 2003	See Department Advisory letter dated October 10, 2003 addressing EMS role
Pulse Oximetry	Oxygen measuring device	Medical Services Committee August 10,	As indicated by protocols



# Office of Emergency Medical Services

---

DEPARTMENT OF PUBLIC HEALTH  
COMMONWEALTH OF MASSACHUSETTS

DEVICE	DESCRIPTION	APPROVAL DATE	RESTRICTIONS
		2012	